

Hence the corollary is obvious, that infantile typhus for the first three weeks consists essentially in follicular inflammation of the intestines, which readily admits of cure, and is essentially distinguished from the typhus of adults.—*Med. Times*, Oct. 13th, 1849.

24. *On the Pneumonia of Children.* By M. VALLEIX.—Contrary to formerly entertained opinions, pneumonia is a frequent disease in children; but it is to speak too vaguely to treat of children in the mass, as great differences exist, according to their ages. We may take three periods into account: 1st, from birth to the second year; 2d, from two to six; and 3d, from six to fifteen. And as a general statement, making allowance for even numerous exceptions, it may be said that the disease decreases in severity from the first to the third of these periods. Careful researches have proved that, during the *first two years*, pneumonia is more frequent, more dangerous, more rapid, and oftener double, than at any other period of life except *extreme old age*; and the similarity of the disease, at these two extreme periods of life, is, in many respects, very remarkable. During even the *first period*, the danger of pneumonia much depends upon the part of such period it occurs at. Whatever the state of the child's health may be, if attacked during the *first month* it may be regarded as doomed to certain death; and from the first to the sixth month there is little hope of saving it, if the attack be at all severe. From the sixth to the twenty-fourth month the cures become more frequent, but the prognosis is still very bad, and should be most guarded, until convalescence is quite complete. The general symptoms may seem to amend, and the local ones to make little progress, but in from twenty-four to thirty-six hours a recrudescence occurs, which proves rapidly fatal. If the patient continue uninterruptedly to improve during thirty-eight hours, the convalescence is almost always definitive. The *local symptoms* should be especially watched; for it is not here as in adults, in whom we often see local symptoms continue for a considerable time after the general ones have diminished, without any cause for alarm. If in the infant there is not in twelve hours a notable improvement in the local symptoms, a fatal relapse must be feared. Another peculiarity is the *lobular* form of the disease, usually a consequence of an already severe attack of capillary bronchitis. At this period, too, as in advanced age, *double pneumonia* and pneumonia of the *apex* are common. M. Valleix believes that there is some confusion in the statement of MM. Bailly and Legendre, that the anatomical condition of the lungs in these cases is due to a persistence of the foetal state; for, although a condensed state of the pulmonary tissue, disappearing on insufflation, may very often be found in very young infants, yet it is an error to suppose that all the cases usually described as infantile pneumonia are of this nature. He has, in such cases, met with even a denser hepatization than in the adult, the lung rapidly sinking in water, and being quite impervious to insufflation. The cases described by these writers would not, from their symptoms during life, be considered by good observers as pneumonia.

In proportion as we approach the *second period*, the pneumonia loses its lobular character, and approaches nearer to that of the adult, while its fatality diminishes also. Indeed, especially during the last two or three years of this period, the *benignity* of the disease is remarkable; and little alarm need be excited, except the child is already an invalid, when the supervention of pneumonia is exceedingly dangerous. By benignity it is not meant that the symptoms are slight, but that the cure is so sure; for, in fact, the symptoms have a very alarming appearance, and yet, in spite of them, amendment takes place in from two to four days, after which time the cure goes on rapidly.

In the *third period*, the disease still more resembles that of the adult, and is still benign. A distinguishing circumstance, at some part of this period, is the appearance of expectoration.

As a general rule, the younger the child the greater is the difficulty of the diagnosis. For auscultation, very young children should be held, by an assistant placing his hands under the thorax and belly, when examination can be made, especially as in this position the child usually ceases crying for awhile. * Older children should be held on the mother's arm. In a case, in which auscultation

was very difficult, M. Valleix availed himself with success of the observation of the increased thoracic vibration, indicated by Monneret.

Treatment.—During the third period, the child is treated as the adult. In the second, we must be more chary of our means, remembering that there is a natural tendency to cure. One bleeding usually suffices, and antimony should be reserved only for severe cases, and used with great caution. With still greater caution should it be given in the first period. Still, if there is great or increasing hepatization, it is to be used in divided and infrequent doses. Small cuppings are very preferable to leeching, and mild opiates are too much dreaded by practitioners. Blisters should be wholly discountenanced, especially in the very young.—*Brit. and For. Med.-Chirurg. Rev.*, Oct. 1849; from *Bulletin de Thérapeutique*, vol. xxxvi. pp. 97-103.

25. *Tubercular Meningitis in a very young child.*—Dr. ROGERS exhibited to the Westminster Medical Society the lungs of a child, not four months old, who had died of tubercular meningitis (*hydrocephalus acutus*); they were infiltrated with tubercle in every stage and form, miliary, gray and yellow, large masses of which, when cut into, were found entirely softened. The bronchial glands were greatly enlarged, infiltrated with tubercle, and diffuent. The principal points of interest in history were these: mother phthisical, her relatives had died of phthisis. The infant, at birth, was a fine, large child, apparently healthy, but evidences were quickly developed of the strong constitutional taint, amongst which, cough, continuing during its whole life. It was vaccinated when about ten weeks old; the vesicle became unusually large, and discharged an abundant thin serum; there was but little febrile disturbance, yet before the vesicle had completed all its changes, strabismus, especially of left eye, supervened; a muco-purulent secretion glued both eyelids; the child appeared, in all other respects, in its usual health, and continued a habit, which it always had, of looking at the fingers of one hand. The head affection was at once properly treated, and the constitution supported, but, notwithstanding, the child gradually wasted, and died four weeks after strabismus had come on; it lay comatose for one day, and convulsions ensued a few hours only before its death. Ulceration of cornea and escape of aqueous humour occurred towards the close of its existence. On post-mortem examination, the brain exhibited all the appearances characteristic of miliary tubercles and puriform deposit. There were two ounces of serum in the ventricles; their lining diffuent; the lungs in the condition mentioned; in pericardium, two drachms of fluid; abdominal organs healthy; but the mesenteric glands enlarged and tuberculous.—*Lancet*, Nov. 24th, 1849.

26. *Cod Liver Oil in Phthisis.*—The earliest trials of this remedy, made on a large scale, were those instituted at the Brompton Hospital; where it has now been given in many hundred cases. The results of all these are not given, but its effects are shown in 542 cases.

Of these 542 cases, 293 were in the first stage of the disease, and 249 in the second and third, or those stages subsequent to softening. Of those in the first stage, 190 were males, and 103 were females; 72 per cent. of the males, and 62 per cent. of the females, had their symptoms materially improved; in nearly 18 per cent. of the males, and in 28 per cent. of the females, the disease was arrested (the term *arrest* implies that all, or nearly all, the symptoms of the disease had disappeared, the patients felt themselves well, and able to pursue their ordinary occupations); in 10 per cent. of the males, and in nearly 10 per cent. of the females, the disease progressed unchecked. Of the 249 patients in the second stage of the disease, 139 were males, and 110 females; in 53 per cent. of the males, the symptoms were materially improved, and in nearly 61 per cent. of the females; in a little more than 14 per cent. of the males, and in nearly 14 per cent. of the females, the disease was arrested. In a little more than 32 per cent. of the males, and in 25½ per cent. of the females, the disease was not arrested. Viewing these results collectively, we find, in about 63 per cent., the symptoms improved; in 18 per cent., the disease was arrested; and in 19 per cent., it went on unchecked. When it is recollected that, of the whole number treated at this